

VIRGINIA DEPARTMENT OF HEALTH

DIVISION OF TUBERCULOSIS CONTROL

Policy TB99-002: RADIOGRAPHIC EVALUATION OF PATIENTS WITH TB INFECTION, CONFIRMED OR SUSPECTED TB DISEASE

Chest radiography plays a central role in the diagnosis of active tuberculosis. One of the priorities of the Division, therefore, has been to assure that diagnostic radiology services are available to all individuals undergoing an evaluation for tuberculosis disease. By negotiating contracts with x-ray vendors across the state, we have been able to cover the cost of the indicated radiographic evaluation of all patients with TB infection or disease. These films have been interpreted, again without charge to the patient or health district, by the physician(s) in this office. Due to recent budgetary constraints, we find it necessary to reiterate our policy on the use of radiographic services underwritten by this office.

A) The following are approved indications for the use of radiography in the evaluation of patients with TB infection and suspected or confirmed TB disease:

- 1) All patients with a newly identified TB infection (as defined by current ATS/CDC criteria) in whom active TB disease remains to be excluded**
- 2) All patients with symptoms suggestive of TB disease, regardless of the tuberculin reaction**
- 3) All contacts of persons with active TB disease who meet one or more of the following criteria:**
 - a) a new, significant reaction (>5mm induration) in the tuberculin skin test.**
 - b) symptomatic**
 - c) immunosuppressed, regardless of symptoms or tuberculin reaction**
 - d) children 4 years of age and under, regardless of symptoms**
- 4) Patients with confirmed or suspected pulmonary tuberculosis, currently undergoing evaluation or treatment and requiring films to assess the clinical course of disease**
- 5) Patients who have completed a course of treatment for confirmed or suspected tuberculosis and in whom a final film is required to establish a new baseline**

- 6) Patients with a history of old TB infection or treated and cured tuberculosis disease who have current symptoms suggestive of TB disease**
- 7) Patients with a history of MDR-TB that has been treated and cured, but who require ongoing follow-up to document the lack of recurrence.**
- 8) All newly arrived immigrants and refugees, belonging to TB Class A, B1, or B2, in whom a radiograph is required to confirm status.**
- 9) Patients in other categories, only after prior consultation with one of the following individuals in this office: V. Rao, J. Burns, A. Cofer, and L. Gibson**

B) Listed below are a few of the common indications for which the Division will no longer be able to cover the cost of the CXR or provide interpretative services:

- 1) Follow-up CXR obtained on asymptomatic individuals at the completion of preventive therapy**
- 2) Routine follow-up films on asymptomatic patients who have been treated and cured of confirmed tuberculosis (excluding MDR-TB)**
- 3) Asymptomatic, tuberculin-negative contacts of patients with active tuberculosis disease (excluding the immunosuppressed and children under 5)**
- 4) Annual employment "screening" films on asymptomatic patients with a history of tuberculous infection or treated and cured tuberculosis disease**
- 5) Routine films on asymptomatic, tuberculin negative refugees, immigrants, migrant/seasonal workers, other foreign-born groups, or homeless persons**

C) Effective, April 1, 1999, all films submitted to this office for interpretation and treatment recommendations must be accompanied by the new TB Risk Assessment Form TB-512 (see sample copy with instructions attached). This form, approved by the Standards Committee of the Nursing Council, will become available in the districts beginning January 1, 1999 and will replace all previous versions, including TB-509, TB-510, and 97TB-1. Films not accompanied by this information may be returned for resubmission.

D) There is no indication for routine follow-up chest radiographs in asymptomatic persons with a history of tuberculous infection or a prior history of tuberculosis disease (excluding MDR-TB) that has been treated and cured. In lieu of a screening CXR report, we suggest that a statement similar to the following be provided to the

employee/employer in satisfaction of annual TB screening/evaluation requirement:

" The above named individual has a history of tuberculous infection (or tuberculous disease which has been treated and cured) and is currently free of symptoms suggestive of active tuberculosis. There is no indication for a chest x-ray at this time. This individual is believed to be free of tuberculosis in a communicable form."

E) We will continue to welcome all requests for clinical consultation from private providers. However, there is no current requirement that this office review the management of all TB cases in the state. Therefore, to avoid confusion, films on privately managed patients should be submitted only at the request of the treating physician or by the Public Health nurse after consultation with this office.

F) Only films obtained for approved indications, as listed in Section A above, should be submitted to this office for interpretation. Films submitted which do not meet the criteria outlined above will be reviewed, but returned without written interpretation or recommendations. Any significant findings noted during this review will, however, be communicated to the district. The district will be informed that the film(s) in question were not indicated. These films, including those obtained at the patient's expense, should be submitted by the patient or health district to an appropriate radiologist for interpretation. Beginning, April 1, 1999, action may be taken to recover charges stemming from films obtained outside the indications listed above.